

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
C61353407

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	2					
4	1					
5	/					
6	1					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
13	2					
14	2					
15	2					
16	2					
17	2					
18	2					
19	2					
20	1					
21	2					
22	2					
23	2					
24	2					
25	2					
26	2					
27	2					
28	2					
29	2					
30	2					
31	2					
32	2					
33	/					
34	/					
35	/					
36	/					
37	/					
38	/					
39	/					
40	/					
41	/					
42	/					
43	/					
44	2					
45	2					
46	2					
47	2					
48	2					
49	2					
50	2					
TOTAL IND.	601					
TOTAL DEP.	101	2	2	2	2	2
TOTAL CLAIMS	101					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	2					
52	2					
53	2					
54	2					
55	2					
56	2					
57	2					
58	2					
59	2					
60	2					
61	2					
62	2					
63	2					
64	1					
65	1					
66	1					
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						